Davis AYSO Supplemental Registration Form

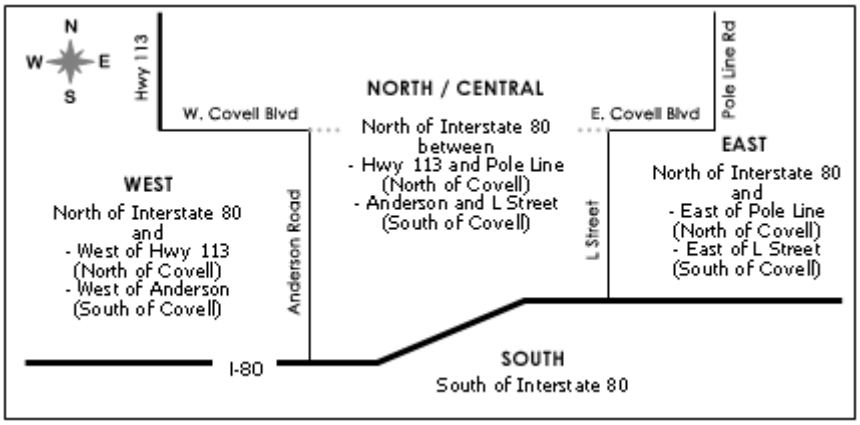
☐ **Spring** ☐ **Fall**
☐ **2010** ☐ **2011** ☐ **2012**

☐ Boy **U**____
☐ Girl **W N E S**

Player's Name: _____

Number of Siblings Playing: _____

Circle the area you live in:



Has your child played with AYSO before? ☐ Yes ☐ No

Do you need help paying the fee, either by a lower fee or spreading out payments over time? ☐ Yes ☐ No

Fall Season: on July 31 of this year, how old will your child be?

Spring Season: on July 31 of last year how old was your child?

If less than four…	If four…	If older than four…
Your child is too young to play in AYSO. **See you next year!**	**If your child is 4 and not entering Kindergarten, select** ☐ **U5** —"Jamborees" once a week, midweek; child not assigned to a team, you choose day of week; $30 fee. **If your child is 4 and is entering Kindergarten, select** ☐ **U6** — Child assigned to a team and a coach; games on Saturdays. Normal fee.	Child will be assigned a division based on their age. Continue to the section below.

Some parents may be able to add a tax-deductible donation to help children in need. If you are able to donate, please select a purpose:

$_____ to provide scholarships for players in need.

$_____ to the Lily Nisen Scholarship Fund for AYSO alumni who are planning to begin or continue college or another training program (100% goes to scholarships—no administration costs).

F o r A Y S O U s e O n l y

Div: U_____ | **New player**: ☐ Birth cert ☐ Passport ☐ Will mail in DOB: ___ / ___ / _____

Payment Details:
Fee received: ☐ $145 (by June 6) ☐ $155 (regular) ☐ $60 (U5) Donation amt: $_____
☐ Spring Fee U5 **$30** ☐ Spring Fee U6-U14 **$55** ☐ **VIP - FREE**
Payment method: ☐ Check Amt: $ _____ Check #_____
Payor: _____
☐ Cash Amt: $ _____
Received by: _____ Date: ___ / ___ / ___

Scholarship Details:
Fee received: $_____
Payment in 30 days: $_____
Scholarship amt: $_____
Approved by: _____
Date: ___ / ___ / ___